



November 25, 2013

Transmitted via email: info@hmprg.org

Michael Gelder, Senior Health Policy Advisor
Office of Governor Pat Quinn
James R. Thompson Center, 16th Floor
Chicago, IL 60601

RE: The Path to Transformation- Concept Paper for an 1115 Waiver for Illinois Medicaid

Dear Mr. Gelder:

WellCare Health Plans ("WellCare") is pleased to submit the enclosed comments in response to the Path to Transformation 1115 waiver concept paper. We appreciate the opportunity to collaborate with the State as it moves forward developing and implementing this comprehensive waiver in conjunction with the Center for Medicare and Medicaid Services (CMS). We look forward to our continued work with the state on improving the quality of care to all residents.

WellCare is one of the three Medicaid managed care plans in Illinois's Voluntary Managed Care program. We serve more than 168,000 members in 13 urban and rural counties. We employ over 200 people in Illinois, generating a direct economic impact to the state of approximately \$19.5 million annually. WellCare is committed to improving the lives of Illinois' Medicaid, and Children's Health Insurance Program (CHIP) and Medicare beneficiaries and deeply appreciates the partnership that we have with the state and with the Department of Health and Family Services.

Nationally, WellCare is one of the country's largest health care companies dedicated solely to serving public program beneficiaries. We currently serve over two million enrollees nationwide and offer a variety of products including prescription drug, Medicare Advantage, Medicaid, and CHIP plans for families, children, and the aged, blind, and disabled. WellCare's mission is to be the leader in government sponsored health care programs in partnership with enrollees, providers, and the government agencies we serve. This mission drives our business and we design our products and support services in accordance with that mission. We have a long-standing commitment to our federal and state partners to deliver value, access, quality, cost savings, and budget predictability. It is from this vantage point that we offer these comments.



Supporting a balanced approach to integration incentives

WellCare fully supports the State of Illinois' goal to move toward an integrated, patient centered, Medicaid environment through a comprehensive waiver. We currently operate under an integrated model of care that utilizes an interdisciplinary team that recognizes the importance of community-based, social supports to drive health outcomes among low-income, disabled, disadvantaged populations. Our experience has shown that using an integrated model of care is not only more cost effective for the state, but also results in better health outcomes for beneficiaries.

WellCare appreciates the State's plan to develop an integrated delivery system that leverages the experience of care management organizations including managed care organizations (MCOs). Care coordination is a fundamental underlying principle of managed care. MCO care managers emphasize preventive care such as screenings, vaccinations, and preventable hospitalizations. Effective care coordination and disease management, two core functions of an MCO, also account for decreased hospitalizations. One of the biggest benefits of utilizing managed care is the assurance that MCO members have appropriate access to health care services. MCOs are required to ensure that their provider networks consist of the right types and sufficient numbers of physician specialists. Given the expected provider shortage over the next several years, assuring appropriate access will be a critical component in assuring the success of the state's waiver program.

We have found that a critical success factor in implementing a successful and functional care coordination system is the use of health information technology. WellCare encourages the state to incentivize providers to adopt meaningful use compliant electronic health records (EHR) that can enable a single, integrated care and service plan. EHRs should be web enabled with clinical decision support, registries, care management, care transitions, medication management, and measurement/performance reporting. Implementation of health information technology to support the integrated care model will allow beneficiaries to become active participants in their own health status and progress. It will also give providers access to a single record to facilitate communication and care coordination.

Working to sustain community-based services which are vital to the Medicaid population

We encourage the state to include additional opportunities in the waiver for programs which will support community based programs. Many non-medical programs are essential to the lives of Medicaid enrollees. The WellCare community-based advocacy model is currently expanding in



Illinois, this program catalogs and tracks referrals among community-based support organizations with the dual purpose of eliminating gaps for Medicaid enrollees and sustaining them within the social safety net.

The vast majority of factors impacting a Medicaid enrollee's health exist well outside of the clinical setting. If we are to truly transform our Medicaid system and integrate all of the services needed to improve the lives and health of Medicaid families, we must further enhance the connections between clinical and non-clinical services.

Expanding Managed Care Utilization

We appreciate the state's tight fiscal climate, and believe that the waiver proposal will support efforts to bring cost savings and budget predictability to the Medicaid program. This will be particularly necessary as the state expands the Medicaid program to serve the newly ACA-eligible populations. MCOs like WellCare provide states with budget predictability and control costs by placing an emphasis on preventive care services and coordination of care. This is one more important reason that we support the State's efforts to build this comprehensive waiver by leveraging the experience of your current Medicaid MCO contracts.

Lastly, we encourage the state to strongly consider assuring that all care management entities whether MCO, ACE or CCN are held to the same risk bearing standards to adequately provide consumer protection and appropriate stability of the provider entities and the communities they serve. The state has a robust system of insurance regulation for just this purpose. Setting equitable standards in this area will encourage collaboration among all the stakeholders and allow for a more stable and actuarially sound Medicaid program.

WellCare believes in the integrated care system that the State of Illinois is trying to create. We know through our own experience that this approach will result in tangible savings for both the state and federal governments that can be reinvested in innovative ideas to bolster the effectiveness of the health care system overall. The State of Illinois has the advantage of having the relationships and knowledge to build a solid integrated system upon its already thriving Voluntary Managed Care Program. Through this program, the State has seen MCOs, including WellCare, offer cost effective, health care on an integrated, patient centered platform. The logical next step in the comprehensive waiver process is to continue to build on the managed care foundation, utilizing MCOs experience, integrated care solutions, and technology resources.



Thank you for the opportunity to provide feedback on the 1115 Waiver Path to Transformation concept paper. If your staff would like further detail on any of our recommendations, please feel free to contact me at 312-518-4912.

Sincerely,

Dr. Robert Hilliard
Illinois State President
WellCare Health Plans

Cc:
Carole Ouimet, Senior Director Regulator Affairs
Paul Frank, Director Government Affairs
Samantha Olds, Executive Director Illinois Association of Medicaid Health Plans